

## **EXHIBIT 7**

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8                               October 17, 2013  
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          Hon. Carol E. Higbee

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1 shouldn't be any complete restrictions, leave it to  
2 the doctor and the patient, et cetera.

3               They issued, in July 2012, guidelines  
4 for extending privileges or credentials to doctors  
5 to do this type of surgery in hospitals, but saying  
6 it should be available, et cetera. This is the  
7 leading organization. And I can tell you the motion  
8 will be coming in for us to depose the people at the  
9 very highest levels of AUGS to see what kind of  
10 influence the company has been putting on them,  
11 because we know from the track record with the ACOG  
12 situation, they are right in there and they are  
13 making decisions based on this lobbying.

14               Doctors who are treating women need  
15 to know both sides of the story. And we have strong  
16 evidence that I've read to Your Honor, and it's  
17 nothing that anybody would be surprised at, but now  
18 we have actual smoking guns that they're behind the  
19 scenes, influencing the dialogue and influencing  
20 what kind of care women are getting.

21               The doctors out there don't know any  
22 of this. I've spoken to many doctors. I don't know  
23 this. They don't know those things that we saw at  
24 the trial. That's not out there. It's out there a  
25 little bit, but more needs to be out there. Do we

1 want it to be public? Absolutely. When we call a  
2 doctor to vet a case or talk to a potential expert,  
3 we want to be able to say, hey -- I guess we can  
4 talk to the experts, we have them sign the order,  
5 but when we talk to a doctor, a treating doctor, we  
6 shouldn't have to have our hands tied. We shouldn't  
7 be limited. We shouldn't have our hands limited  
8 when we talk to a reporter who call ups and says,  
9 what do you think about this latest thing.  
10 Everybody should know all this, and these  
11 professional societies should be accountable to make  
12 sure that the decisions are being made by  
13 nonaffiliated, non-paid off consultants, but by  
14 independent people so that the advice that's going  
15 out to doctors and patients isn't adulterated.

16 Judge, after our trial, Johnson &  
17 Johnson issued a press release. Ethicon acted  
18 appropriately and responsibly in the research,  
19 development and marketing of the Prolift pelvic  
20 organ prolapse repair kit. All surgeries for  
21 prolapse present risks and complications. This was  
22 the same day as the verdict. Right after the  
23 punitive damage verdict, that day, within minutes,  
24 they issued that. Right after their attorney stood  
25 up in front of the jury and said we could have done

1 better, we didn't do everything. Shouldn't that be  
2 counterbalanced? If we're being accused of tainting  
3 public opinion, all we want to do is get the truth  
4 out there. And the things that are in our documents  
5 that we've obtained in all these depositions, that's  
6 where the truth is.

7 That's where it is. And there's  
8 statements in these AUGS bulletins about the SUI  
9 devices, which is going to be the next phase of this  
10 litigation that we eagerly are going to step into  
11 with the defendants, that's a different thing. It's  
12 not like the prolapse kits. Those are different.

13 Well, I'll tell you what. They don't  
14 know what we now know about the studies that they  
15 point to, to say that the TVT is the gold standard.  
16 We have found out incredibly, incredibly damaging  
17 things about those studies, like how much was paid  
18 to those consultants, the terms of the agreements  
19 which required that they come up with certain  
20 findings if they want to be paid. I mean, some  
21 really, really upsetting things. And I could go on  
22 and on. I'm not going to keep everybody here all  
23 day. There's a lot about the SUI devices that when  
24 doctors hear it, they're not going to call it the  
25 gold standard anymore. That's going to be one of